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CHFP080

Please do not Write in this margin

Please complete legibly preferably in black type or bold block lettering *Insert full name

of company

FORM No. 600

Notice of appointment of liquidator Voluntary winding up (Members or Creditors)

600

(Members or C	reditors)			
Pursuant to section 10	9 of the Insolvency	Act 1986		
To the Registrar of Co (Address Overleaf)	mpanies	For offic	ial use	Company number
				02496734
Name of Company				
* Alarmexpress Northy	vest Limited			
Nature of Business				
Dormant	 	- · · ·		
I/We give notice that I/ 17 December 2010	We have been appo	ointed liquidator(s) of th	e above com	pany on
The appointment was	by members			
Type of liquidation	Members' Voluntary	Liquidation		
Name of Liquidator Office holder number Address	Tim Alan Askham 007905 The Lexicon Mount Street Manchester M2 5NT			
Signature	mas	2	Date 23	6210
Name of Liquidator				
Office holder number Address				
Signature			Date	
	<u></u>			
Presentor's name and reference (If any) NOVAR2010_11	For	Official Use neral Section	Pos	t room

Presentor's name and address and reference (If any)
NOVAR2010_11
Tim Alan Askham
Mazars LLP
The Lexicon
Mount Street
Manchester

M2 5NT
Time Critical Reference



LD8 24/12/2010 COMPANIES HOUSE

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